

APPENDIX I - SCHOOL BUS DRIVER TRAINING CERTIFICATION (DOR-4104)



MISSOURI DEPARTMENT OF REVENUE
CUSTOMER ASSISTANCE BUREAU
301 WEST HIGH STREET - ROOM 225
PO BOX 200
JEFFERSON CITY MO 65105-0200

SCHOOL BUS DRIVER TRAINING CERTIFICATION

FORM

4104

(REV 6-01)

<div style="text-align: center; font-size: 2em; margin-bottom: 20px;"> </div>	
<p>I certify that _____, whose signature appears below, has completed a minimum of eight (8) hours of school bus driver training within the last 12 months in the following categories:</p> <p style="text-align: center;">NO MORE THAN FOUR (4) HOURS TRAINING SHALL BE IN ANY ONE TOPIC BELOW.</p> <p>(HOURS)</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ The role of the school bus driver <input type="checkbox"/> _____ The laws governing pupil transportation <input type="checkbox"/> _____ Discipline <input type="checkbox"/> _____ Loading and unloading procedures <input type="checkbox"/> _____ Driving fundamentals and road signs <input type="checkbox"/> _____ First Aid <input type="checkbox"/> _____ Procedures for handling accidents and emergencies <input type="checkbox"/> _____ Emergency driving techniques <input type="checkbox"/> _____ Preventative maintenance and pre-trip inspection <input type="checkbox"/> _____ Transportation of the handicapped <input type="checkbox"/> _____ Behind-the-wheel instruction <p>For information concerning the certification requirements, contact the:</p> <p style="text-align: right;">Missouri Department of Revenue Customer Assistance Bureau 301 West High Street - Room 225 PO Box 200 Jefferson City MO 65105-0200 Telephone: (573) 751-3680 Fax: (573) 751-0466</p>	
<p>I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.</p>	
<p>DRIVER/APPLICANT SIGNATURE</p>	<p>DATE</p>
<p>CERTIFIED DRIVER/INSTRUCTOR SIGNATURE</p>	<p>DLN NUMBER</p>
<p>THIS CERTIFICATION MEETS THE CRITERIA SPECIFIED IN THE PROMULGATED RULES.</p>	

MO 860-2346 (6-01)